

Heart Failure “Digging Deeper” & R/E/L

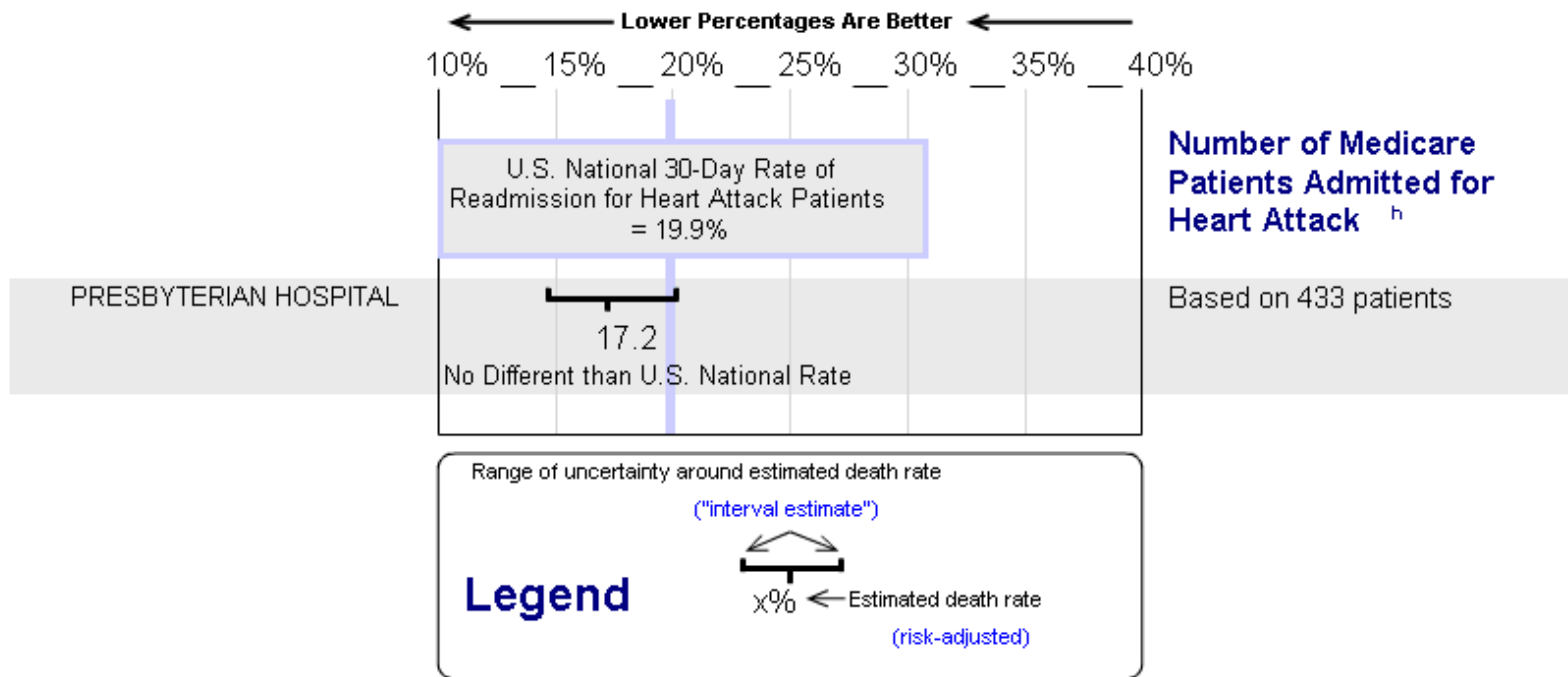
Presented by Ann Marie Stein,
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Presbyterian Healthcare Services Heart Failure Readmission Rate Low

- Start of Project our Heart Failure (HF) Re-admission rate was a Nationally Best Practice
- So we had to dig deeper
- Reviewing the Race Ethnicity and Language Data provided an in-depth chart review opportunity.

Hospital Compare

Rate of Readmission for Heart Attack Patients



July 2007-June 30, 2010

US News Health

Medicare payments to hospitals that readmit too many [patients](#) within 30 days of discharge will be trimmed. For heart failure patients, the average readmission rate is 24.7 percent. Below are the hospitals with the lowest rates.

Lowest Readmission Rates

Hospital Readmission	Rate	Total Patients
Baylor Heart and Vascular Hospital, Dallas	17.3%	323
Dixie Regional Medical Center, St. George, Utah	18.0%	388
Providence Hospital, Mobile, Ala.	18.3%	582
St. Patrick Hospital, Missoula, Mont.	18.7%	359
Greenville Memorial Hospital, Greenville, S.C.	18.9%	1,027
Portneuf Medical Center, Pocatello, Idaho	18.9%	245
Presbyterian Hospital, Albuquerque, N.M.	19.1%	482
Sarasota Memorial Hospital, Fla.	19.2%	,319

- Source: Centers for Medicare and [Medicaid](#) Services. Data are as of July 7, 2010.

2010 vs. 2011 HF Readmission rate

Date	# CHF 30 day re-admission	# Discharges	Rate
2010	66	559	11.8
Jan-June 30, 2011	26	267	9.7

~18% reduction (on target for goal)

What did looking at R/E/L data do for Presbyterian Healthcare Services?

- Heart Failure patients received different education materials based on Cardiology Groups and patients admitted to non-cardiac units (Hospitalists).
- End of Life care- patients not ready emotionally for palliative care
- Diagnosing heart failure vs. renal failure (volume overload)
- Skilled Nursing facility patients return faster than Non-Skilled
- Rare to have a social issue for readmission.

Challenges

- Race, Ethnicity & Language
 - Computer software did not interface
 - Patients asked the same questions multiple times
 - Staff concerned about patient satisfaction if the patient did not want to answer the questions
 - Patients that are multiracial, declined and undecided responses and data collection
 - Patients with multiple languages and data collection
 - AF4Q R/E/L list different from Office of Management Budget (OMB)
 - Adding NM Tribal information

Action Items:

- Updated and CHF patient education manual
 - Rolled out to Cardiac Units and outpatient settings.
 - Next roll out to non-cardiac units and Hospitalists.
 - Sent CHF manuals for binding and distributed to all Presbyterian Hospitals.
- Implemented CHF discharge appointment within 7 -10 days
- Process Excellence Project: All Readmission
- Implemented video translation services.
- Connect with providers to address patients ready for end of life care and renal failure patients needing dialysis.

Action items

- Worked with Information Services for multiple requests and changes to software programs.
- Worked with Meaningful Use team to coordinate REL categories
- Multiple training
- Patient Education; newsletters, posters, inpatient education

Key Team Members:

- Charles Karaian, MD
- Linda Martinez, RN
- Brenda Gonzales, RN
- Rosanna Chavez
- Barbara Scott
- Ann Marie Stein, RD.MBA